



## OFFICE OF THE KANSAS ATTORNEY GENERAL

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## PARTICIPATING MANUFACTURER CERTIFICATION

### TYPE OF CERTIFICATION

\_\_\_\_\_ INITIAL

\_\_\_\_\_ SUPPLEMENTAL

\_\_\_\_\_ RENEWAL

### MANUFACTURER INFORMATION

MANUFACTURER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WEBSITE \_\_\_\_\_

FEDERAL TAX ID # \_\_\_\_\_

### DESIGNATED CONTACT

*Identify the person you wish to receive all correspondence and official notifications.*

CONTACT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**IMPORTER INFORMATION**

*Complete this section only if you are a manufacturer located outside the United States.*

IMPORTER NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FEDERAL TAX ID # \_\_\_\_\_

**BRAND FAMILIES TO BE REMOVED**

*List all cigarette and RYO tobacco brand families currently listed on the Kansas Directory of Compliant Participating Manufacturers that you wish to be removed, if any.*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## BRAND FAMILIES TO BE CERTIFIED

Complete this page for each brand family you wish to certify.  
List one (1) brand family per page. Attach additional pages as needed.

Page \_\_\_\_ of \_\_\_\_

### BRAND FAMILY INFORMATION

Mark an "X" in the appropriate spaces below.

Brand Family \_\_\_\_\_ Cigarette \_\_\_\_\_ RYO \_\_\_\_\_

### CURRENT MANUFACTURER

\_\_\_\_\_ The certifying manufacturer actually manufactures the brand family identified above.

\_\_\_\_\_ A different manufacturer, other than the certifying manufacturer, actually manufactures the brand family identified above. *Attach contract manufacturing agreements between the certifying manufacturer and the actual manufacturer for the brand family identified above.*

### PREVIOUS MANUFACTURER

\_\_\_\_\_ Provide the name and address of any manufacturer, other than the certifying manufacturer, who actually manufactured the brand family identified above at any time during the previous calendar year.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Not applicable.

### TRADEMARK INFORMATION

\_\_\_\_\_ Manufacturer owns a United States Registered Trademark for the brand family identified above.

Trademark serial or registration number \_\_\_\_\_

\_\_\_\_\_ Manufacturer does NOT own a United States Registered Trademark for the brand family identified above. *Attach any written contracts or agreements with the trademark holder authorizing the manufacture of the brand family identified above.*

Trademark serial or registration number \_\_\_\_\_

\_\_\_\_\_ A United States Registered Trademark does not exist for the brand family identified.

## ACKNOWLEDGMENT OF ADDITIONAL REQUIREMENTS

*Initial your acknowledgment. Mark "N/A" if not applicable.*

\_\_\_\_\_ Manufacturer acknowledges that it is responsible for complying with all federal and state regulations, including the Federal Prevent All Cigarette Trafficking Act and the Federal Family Smoking Prevention and Tobacco Control Act.

\_\_\_\_\_ Manufacturer acknowledges that any cigarettes in this certification that are not also certified under the Fire Safety Standards and Firefighter Protection Act, K.S.A. 31-601 *et seq.*, are not legal for sale in Kansas.

\_\_\_\_\_ Manufacturer acknowledges that it is aware of amendments to the Kansas MSA Escrow Statutes, K.S.A. 2015 Supp. § 50-6a01 *et seq.*, passed by the Kansas Legislature in June of 2015, including but not limited to changes to the definition of "units sold," additional annual certification requirements and enhanced criminal penalties for certain violations.

## SUPPLEMENTAL DOCUMENTATION

*Submit all required attachments with this form. Mark an "X" in the appropriate spaces below.*

Attached N/A

\_\_\_\_\_ **Annual Directory Fee Payment.** Provide a \$500 check to the Office of the Kansas Attorney General for the annual directory fee per K.S.A. 2015 Supp. § 50-6a04(6)(c).

\_\_\_\_\_ **CDC Approval Letter.** Provide a copy of the current United States Center for Disease Control (CDC) ingredient listing compliance letter(s) for each cigarette brand family. If a current letter is not yet available, provide a copy of your written request to the CDC.

\_\_\_\_\_ **Contract Manufacturing Agreements.** Provide a copy of the contract manufacturing agreement(s) for any brand family that is manufactured by an entity other than the certifying manufacturer.

\_\_\_\_\_ **FTC Approval Letter.** Provide a copy of the current United States Federal Trade Commission (FTC) approval letter(s) for health-warning rotation plan(s) for each of the cigarette brand families. If a current letter is not yet available, provide a copy of your written request to the FTC.

\_\_\_\_\_ **Packaging Samples.** Provide packaging samples—electronic or physical—for each cigarette or RYO tobacco brand family. If the packaging samples provided with the previous year's certification are unchanged, you may disregard this requirement.

\_\_\_\_\_ **TTB Permit.** Provide a copy of the manufacturer's or first importer's United States Alcohol and Tobacco Tax and Trade Bureau (TTB) permit.

## VERIFICATION OF CERTIFICATION

I certify that, to the best of my knowledge, all of the information contained in this certification and any attachments are true and accurate, and that I am authorized, under the laws of the state of Kansas or the jurisdiction where the manufacturer resides or is organized, to bind the manufacturer making this certification.

I certify that by including a brand family in this certification, manufacturer affirms that the brand family is deemed to be its cigarettes for purposes of calculating its payments under the Master Settlement Agreement, including any brand families for which manufacturer does not own a United States Registered Trademark.

I certify that manufacturer is in compliance with all reporting and registration requirements of 15 U.S.C. § 375 *et seq.*, known as the Federal Prevent All Cigarette Trafficking Act (Pact Act), and that manufacturer will provide copies of all reports required by 15 U.S.C. § 376 and § 376a, regardless of sales or shipments, on monthly basis to the Kansas Department of Revenue and the Kansas Attorney General in the electronic format prescribed by the Kansas Department of Revenue.

I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Name (*Please Print*)

\_\_\_\_\_  
Title (*Please Print*)